

# BUILDING INDUSTRY MEDICAL AID FUND, EAST CAPE

(Registered under the Labour Relations Act, 1995)

F.G. Black Building  
169 Haupt Street  
SIDWELL  
PORT ELIZABETH  
6001

Private Bag 4089  
KORSTEN  
PORT ELIZABETH  
6014

## MEMBERSHIP APPLICATION

### IMPORTANT

Failure to disclose material information or the provision of incorrect information can result in the immediate cancellation of your membership. Failure to complete or submit all information required, WILL delay processing of your application for membership of the Fund.

For Office Use Only

Telephone No: 041 453 2751  
041 405 1900  
Fax No: 086 517 2679  
E-mail: medicalaid@bipcpe.co.za

APPLICANT'S SURNAME:

FULL FIRST NAME(S):

POSTAL ADDRESS:

POSTAL CODE:

RESIDENTIAL ADDRESS:

POSTAL CODE:

PLEASE TICK APPROPRIATE BLOCK

MARITAL STATUS:

SINGLE

MARRIED WITH ONE DEPENDANT

MARRIED WITH MORE THAN ONE DEPENDANT

GENDER:

MALE

FEMALE

OFFICE USE ONLY

MEMBER TYPE:

STAFF

COMPULSORY

VOLUNTARY

APPRENTICE

PENSIONER

WIDOW

OFFICE USE ONLY:

IDENTITY NUMBER:

DATE OF BIRTH:

IN FORMAT CCYYMMDD

Kindly attach copy of I.D. Document

NAME OF PREVIOUS EMPLOYER:

MEMBERSHIP NO.:

NAME OF PREVIOUS MEDICAL AID SCHEME(S) FOR THE PAST 2 YEARS

PERIOD OF MEMBERSHIP FROM:

TO:

Attach certificate(s) if more than one Scheme

NAME OF EMPLOYER OR BUSINESS (If self-employed):

APPLICANT'S OCCUPATION:

DATE OF COMMENCEMENT OF EMPLOYMENT:

IN FORMAT CCYYMMDD

TELEPHONE NUMBER:

[HOME]

[BUSINESS]

Failure to advise date CAN result in pre-existing ailments being excluded.

**KINDLY COMPLETE IN FULL DETAIL HEALTH QUESTIONNAIRE ON PAGE 3**





